SECTION 2

OCCUPATIONAL THERAPY SERVICES

By Independent Occupational Therapists, including Group Practices, Not in Rehabilitation Centers

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1 GENERAL POLICY

Occupational therapy as described in this SECTION 2 is a benefit of the Utah Medicaid Program. All occupational therapy services must be performed by an occupational therapist or, effective January 1, 2002, by an occupational therapy assistant according to the provision of Utah State Code 58-42a-306 and as defined in Chapter 1 - 3, Definitions.

The policy in this Section applies only to independent occupational therapists, including group practices. If the occupational therapist is associated with a rehabilitation center with physical therapists and which uses a treatment planning team or committee, refer to SECTION 2 titled Physical Therapy and Occupational Therapy Services in Rehabilitation Centers.

Occupational therapy evaluation and treatment are authorized under the authority of the 42 CFR in Section 410.59 and Utah Administrative Code, Utah Department of Health Rule R414-20.

1 - 1 Purpose

The purpose of the occupational therapy program is to increase the functioning ability of a Medicaid recipient who has a handicap, whether the handicap is temporary or permanent, in order to increase independent living.

The rehabilitation goals must include evaluation of the potential of each individual patient, the factual statement of the level of functions present, the identification of the goal that may reasonably be achieved, and the predetermined space of time and concentration of services that would achieve the goal.

The Medicaid program is designed to provide services within financial limitations. A desired level of function must be balanced with an achievable level of function within a defined length of time. The objectives of the program are to provide a scope of service, supplementary information, limitations, and instructions concerning prior authorizations, billing, and utilization which clearly direct the provider to accomplish the goals he has identified for the patient.

The goal of the occupational therapist is to improve the ability of the patient, through the rehabilitative process, to function at a maximum level.

1 - 2 Occupational Therapy in Rehabilitation Centers

Occupational therapists associated with a rehabilitation center utilizing a treatment planning team or committee MUST FOLLOW the combined physical therapy/occupational therapy program and billing codes described in SECTION 2 titled Physical Therapy and Occupational Therapy Services in Rehabilitation Centers. The facility bills for these services. This program merges occupational therapy with the physical therapy program and follows the Medicaid physical therapy guidelines and operations.

1 - 2 Objectives of Occupational Therapy

The objectives of the provider must include:

1. The evaluation and identification of the existing problem, not an anticipated problem;
2. The evaluation of the potential level of function actually achievable;
3. The restoration to the level reasonably possible, of functions which have been lost due to accident or illness;
4. The establishment, to the level reasonable possible, of functions which are lacking due to defects of birth.
5. The eventual termination or transfer of the responsibility for identified procedures to family, guardian, or other care-givers.
6. Increased level of independence for the patient.

1 - 3 Definitions

Occupational therapy means the treatment of a human being by the use of therapeutic exercise ADL activities, patient education, family training, home environment evaluation, equipment measurement and fitting or other modalities approved by the American Association of Occupational Therapists.

Occupational therapist means a person who practices occupational therapy.

Qualified occupational therapist means a therapist who meets three conditions:

a. Be a graduate of a program of occupational therapy approved by both the Council on Medical Education of the American Medical Association and the American Occupational Therapy association, or its equivalent;

b. Be licensed by the State of Utah to practice Occupational Therapy; and

c. Be an enrolled provider for the Utah Medicaid Program.

Occupational therapy assistant means a person who practices occupational therapy under the immediate supervision of an occupational therapist. "Immediate supervision" means the supervising occupational therapist is:

a. present in the area where the person supervised is performing services; and
b. immediately available to assist the person being supervised in the services being performed.

The patient record must be signed by the occupational therapist following the treatment rendered by an occupational therapist assistant to certify the treatment was performed under his or her supervision. Services provided by an occupational therapy assistant must be billed under the occupational therapist's Medicaid provider number.

Rehabilitation means the process of treatment that leads the disabled individual to attainment of maximum function. (Taber's Cyclopedic Medical Dictionary)

Rehabilitation Services means the delivery of rehabilitative medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under state law, for maximum reduction of physical or mental disability and restoration of a Medicaid recipient to his best possible functional level.

1 - 4 Clients Enrolled in a Managed Care Plan

A Medicaid client enrolled in a managed health care plan, such as a health maintenance organization (HMO), must receive all health care services through that plan. Refer to SECTION 1, GENERAL INFORMATION, Chapter 5, *Verifying Eligibility*, for information about how to verify a client's enrollment in a plan. For more information about managed health care plans, please refer to SECTION 1, GENERAL INFORMATION, Chapter 4, Managed Care Plans. Each plan may offer more benefits and/or fewer restrictions than the Medicaid scope of benefits explained in this Section of the Utah Medicaid Provider Manual. Each plan specifies services which are covered, those which require prior authorization, the process to request authorization and the conditions for authorization.

All questions concerning services covered by or payment from a managed care plan must be directed to the appropriate plan. Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid client who is enrolled in a managed care plan when the services are included in the contract with the plan. Providers requesting prior authorization for services for a client enrolled in a managed care plan will be referred to that plan.

A list of HMOs with which Medicaid has a contract to provide health care services is included as an attachment to the provider manual. Please note that Medicaid staff make every effort to provide complete and accurate information on all inquiries as to a client's enrollment in a managed care plan. Because eligibility information as to what plan the client must use is available to providers, a "fee-for-service" claim will not be paid even when information is given in error by Medicaid staff.

1 - 5 Clients NOT Enrolled in a Managed Care Plan (Fee-for-Service Clients)

Medicaid clients who are *not* enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service clients.

1 - 6 Residents of Intermediate Care Facilities for Mentally Retarded (ICF/MR)

An ICF/MR facility must provide and pay for occupational therapy when a client resides in the facility and requires occupational therapy as part of the plan of care. Reference: 42 CFR 442.486

Evaluation and therapy are components of the treatment plan and are the responsibility of the facility.

2 COVERED SERVICES

Occupational therapy includes therapeutic exercise; teaching occupational skills and activities; client evaluation and tests; and measurements of occupational skill activities.

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1. Occupational therapy is limited to conditions resulting from traumatic brain injury, spinal cord injury, hand injury, congenital anomalies or developmental disabilities causing neurodevelopmental deficits, or CVA (treatment must begin within 90 days of the incident). Other conditions are not covered.

2. Clients must be referred by a doctor of medicine or other practitioner of the healing arts within the scope of his or her practice.

3. Evaluations are limited to one evaluation per treatment course for a specific condition or diagnosis. Written prior authorization is required beyond this limit.

4. The service must be of a level of complexity and sophistication, or the condition of the client must be such that services required can be safely and effectively performed only by a qualified occupational therapist.

5. Services must be professionally appropriate according to standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.

6. Provision of service is with the expectation that the condition under treatment will improve in a reasonable and predictable time. Continuation of treatment beyond the maximum rehabilitative potential within specified time will not be approved. Length of time and number of treatments will be predicated by the American Occupational Therapy Association guidelines. A service must be reasonable and necessary to the treatment of the client's condition. A service is not reasonable and necessary when the potential for rehabilitation is insignificant in relation to the extent and duration of the occupational therapy. If, at any point in treatment, there is no longer the expectation of significant improvement in a reasonable time, services will no longer be considered reasonable.

7. The amount, frequency, and duration of the services must be reasonable.

8. Occupational therapy treatments are limited to one per day.

2 - 1 Occupational Therapy Procedures

The therapy procedure code includes various occupational therapy modalities. There are no specific procedure codes in the Medicaid program for specific therapies. The therapist may bill the necessary modality under one procedure code. (Refer to Chapter 5, Procedure Codes.)

2 - 2 Limitations

1. Occupational therapy is limited to conditions resulting from traumatic brain injury, spinal cord injury, hand injury, congenital anomalies or developmental disabilities causing neurodevelopmental deficits, or CVA (treatment must begin within 90 days of the incident). Other conditions are not covered.

2. All services require prior authorization.

3. All services are to be done either during or after a course of physical therapy treatment. Otherwise, an explanation must be included with the plan of treatment.

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3 NON-COVERED SERVICES

The following services are not covered:

1. Treatment of conditions other than ones related to traumatic brain injury, spinal cord injury, hand injury, neurodevelopment deficits, and cerebral vascular accident (CVA).

2. Treatment for social or educational needs;

3. Treatment for clients who have stable chronic conditions which cannot benefit from occupational therapy services;

4. Treatment for clients for whom there is not documented potential for improvement.

5. Treatment for clients who have reached maximum potential for improvement;

6. Treatment for clients who have achieved stated goals;

7. Treatment for non-diagnostic, non-therapeutic, routine, repetitive or reinforced procedures;

8. Treatment for cardiovascular accident (CVA) which begins more than 90 days after onset of the CVA;

9. Treatment for residents of ICF/MR;

10. Treatment in excess of one session or service per day.

11. Occupational Therapy is not a benefit through Home Health.

4 PRIOR AUTHORIZATION

One evaluation per treatment course for a specific condition or diagnosis and nine treatments do not require prior approval. All therapy services beyond the first ten visits require prior approval before the services begin. For general information about the prior authorization process, refer to SECTION 1, GENERAL INFORMATION of this Provider Manual, Chapter 9, Prior Authorization Process.

1. The request for prior approval for treatment should include a copy of the plan of treatment for the client or a document which includes:

   A. The diagnosis, and the severity of the condition;

   B. The prognosis for progress;

   C. The expected goals and objectives for the recipient to attain;

   D. The details for the method(s) of treatment;

   E. The frequency of treatment sessions, length of each session, and duration of the program.

2. Prior Approval Standards

   A. Prior approval requests will be evaluated for the number, frequency, and duration of treatments.

   B. The number of services approved will be based on the documented diagnosis, history and goals.

   C. The Utilization Management Unit uses guidelines from the American Occupational Therapy Association and supplemental criteria to evaluate requests for authorization.

3. Prior Approval Criteria

   Prior approval requests for treatment will be reviewed and approved or denied based on the following criteria:

   A. Services are for treatment of medically oriented disorders and disabilities.

   B. Services are professionally appropriate under standards in the field, utilizing professionally appropriate methods and materials, in a professionally appropriate environment.

   C. Services are provided with the expectation that the condition under treatment will improve in a reasonable and predictable time to the identified level.

   D. Services are provided with a plan that explicitly states the methods to be used and the termination conditions.

   E. Services are requested for a patient suffering from CVA within 90 days of the CVA.

4. Reauthorization

When reauthorization is necessary after the initial prior-approved sessions, a medical evaluation and documentation from the physician, as well as the therapist, must be attached to the prior authorization request. A new treatment plan is necessary defining the new goals. A new medical summary from the physician must also be attached. An additional request should also include any supplemental data such as past treatment, progress made, family problems that may hinder progress, and a definite termination date. The Utilization Management Unit will review and evaluate requests for continued service requiring reauthorization.

5 PROCEDURE CODES

The occupational therapy codes in this chapter may be used only by a qualified, independent occupational therapist. If the occupational therapist is associated with a clinic/rehabilitation center, the therapist must refer to SECTION 2 titled Physical Therapy and Occupational Therapy Services in Rehabilitation Centers.

Occupational therapy procedure codes are as follows:

T1015, Physical therapy evaluation/treatment, per visit, billed with the GO modifier

The first 10 visits which include the evaluation do not require prior authorization. All additional visits require prior authorization.

These treatments and therapies are understood to be generally in conjunction with physical therapy. If the primary deficit is the upper extremity and physical therapy is **not** used, the number of occupational therapy visits can increase from the averages listed in the charts which follow. This will predominantly occur in cases with traumatic brain injury or CVA.

OCCUPATIONAL THERAPY PROCEDURE CODES

For Services by Independent Occupational Therapists, including Group Practices, Not in Rehabilitation Centers

Instructions for Use of Codes and Explanation of Table Headings

The list which follows describes occupational therapy services covered by Utah's Medicaid program and conditions of coverage. The code and procedures may be used only by occupational therapists NOT associated with a rehabilitation center.

NOTES: Coverage and the prior authorization requirements apply **ONLY** for a Medicaid client (1) assigned to a Primary Care Provider or (2) not enrolled in a managed care plan. The list is updated by Medicaid Information Bulletins until republished in its entirety.

Below is an explanation of each column and codes on the table.

Code	For use only by occupational therapists NOT associated with a rehabilitation center.
Common Diagnosis Or Complications	These are common accompanying diagnoses or complications
Age	"All" means that Medicaid covers the services from birth through any age.
Types of Occupational Therapy	Lists approved therapies covered by Medicaid for the diagnosis.
PA	**PA** means **P**rior **A**uthorization. The entry of **W** means written prior authorization is required by Medicaid.
Comments	All treatment visits require prior authorization. The average number of treatments and duration are stated.

Traumatic Brain Injury

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPE OF OCCUPATIONAL THERAPY	PA	COMMENTS
T1015	Compression of brain, Cerebral edema, Abnormal involuntary movements, Edema, Feeding difficulties, Dysphagia, Anoxia, Concussion, Decrease range of motion, Decubiti, Perceptual deficit, Spasticity	All	Therapeutic exercise, ADL, supervised hydrotherapy must be related to treatment goals, bracing, home environment evaluation, equipment fitting	W	Treatment generally in conjunction with or after Physical Therapy. Average number of treatments: 12 Duration: 1 - 9 months Acute rehabilitation after initial diagnosis. Emphasis on instruction and teaching to establish independence.

CVA (Stroke)

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPE OF OCCUPATIONAL THERAPY	PA	COMMENTS
T1015	Hemiplegia, Subarachnoid hemorrhage, Intracerebral hemorrhage, Occlusion and stenosis of pre-cerebral arteries, Occlusion of cerebral artery, Acute cerebrovascular disease, Late effects of cerebrovascular accident.	All	Therapeutic exercise, ADL, evaluation, electrical stimulation, equipment evaluation and fitting, home environment evaluation.	W	Treatment generally in conjunction with or after Physical Therapy. Average number of treatments: 12 Duration of treatment: 3 months This can result in a life altering insult. Emphasis is placed on physical and mental healing to reintegrate the patient into society and promote independence.

Spinal Cord Injury

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPE OF OCCUPATIONAL THERAPY	PA	COMMENTS
T1015	Limited rage of motion Osteoporosis Decubiti Kidney Disease Malnutrition Bladder and kidney stones	All	Therapeutic exercise, ADL, supervised hydrotherapy must be related to goals, bracing, home environment evaluation, equipment fitting	**W**	Treatment generally in conjunction with or after physical therapy. Average number of treatments: 12 Duration: 3 - 6 months Acute rehabilitation after initial diagnosis. Emphasis on instruction and teaching by the occupational therapist to establish independence.

Hand Injury

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPE OF OCCUPATIONAL THERAPY	PA	COMMENTS
T1015	Open wound of wrist with tendon involvement Open wound of hand with tendon involvement Open would of fingers with tendon involvement	All	ADL, Therapeutic exercise, splinting, physical agent modalities, home environment evaluation	W	Either P.T. or O.T., not both. Average number of treatments: 36 Duration: 1 - 2 months

Neurodevelopmental Deficit

CODES	COMMON DIAGNOSIS OR COMPLICATIONS	AGE	TYPE OF OCCUPATIONAL THERAPY	PA	COMMENTS
T1015	Cerebral palsy Birth Trauma High risk infancy Birth anoxia Developmental delay Spasticity Hypotonia Hypertonia Decrease rage of motion Gait Deviation Muscular weakness Joint instability Impaired cognitive function Athetosis Ataxia Gentic Syndromes Chromosome abnormality	All	Neurodevelopmental therapy. Kinesthetic treatment, therapeutic exercise, supervised hydrotherapy must be related to treatment goals, bracing, splinting, ADLs, mobility training, fine motor skills, coordination, adaptive equipment training.	W	Treatment in conjunction with or after physical therapy. Average number of treatments: 15 Duration: 12 months to 3 years Emphasis on achieving independence in gait, ADL's, mobility skills. After each surgical intervention-therapy, needs to be more intensive, then reduced – this is on going. CP therapy prevents further deformity and is chronic in nature.

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